

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

## To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation <b>League of Conservation Voters, Inc.</b>		
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1920 L St NW Suite 800		
(c) City, State and ZIP Code Washington DC 20036-		3. FEC Identification Number <div> <div>C</div> <div>C90005786</div> </div>
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

(a) ☐ April 15 Quarterly Report  
☐ July 15 Quarterly Report ☐ 24-Hour Report  
☐ October 15 Quarterly Report ☒ 48-Hour Report  
☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed on  /  /

5. COVERING PERIOD:

FROM   /   /    
10 19 2016

THROUGH   /   /    
10 19 2016

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6. TOTAL CONTRIBUTIONS.....

7. TOTAL INDEPENDENT EXPENDITURES .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

**TYPE OR PRINT NAME OF PERSON COMPLETING FORM**

**SIGNATURE**

DATE \_\_\_\_\_

*[Electronically Filed]*

Collins, Patrick, , ,

*Collins, Patrick, , ,*

10/21/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 2 OF 2  
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

League of Conservation Voters, Inc.

Full Name (Last, First, Middle Initial) of Payee  
Mission Control Inc.

Date of Public Distribution/Dissemination

MM / DD / YYYY  
10 / 19 / 2016Mailing Address  
624 Hebron Ave  
Building 3 Suite 200

Amount

City State Zip Code  
Glastonbury CT 06033-5006

95567.92

Transaction ID : ABDE854F2E75A40A2976

Purpose of Expenditure  
Mailer & Postage(Estimate)Category/  
TypeOffice Sought: ☒ House State: CO  
☐ Senate District: 06  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
Coffman, Mike, Rep, ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought 127714.88Disbursement For: ☐ Primary ☒ General  
2016  
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee  
Mission Control Inc.

Date of Public Distribution/Dissemination

MM / DD / YYYY  
10 / 19 / 2016Mailing Address  
624 Hebron Ave  
Building 3 Suite 200

Amount

City State Zip Code  
Glastonbury CT 06033-5006

32146.96

Transaction ID : A1F5A87B18D9E4E5D91F

Purpose of Expenditure  
Mailer and Postage (Estimate)Category/  
TypeOffice Sought: ☒ House State: CO  
☐ Senate District: 06  
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:  
Coffman, Mike, Rep, ,Check One: ☐ Support ☒ OpposeCalendar Year-To-Date Per Election  
for Office Sought 127714.88Disbursement For: ☐ Primary ☒ General  
2016  
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/  
TypeOffice Sought: ☐ House State: \_\_\_\_\_  
☐ Senate District: \_\_\_\_\_  
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election  
for Office SoughtDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 127714.88

(b) SUBTOTAL of Unitemized Independent Expenditures .....▶

(c) TOTAL Independent Expenditures.....▶ 127714.88  
(carry total from last page forward to Line 7)